



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

*Bid No. 6877-0/17*  
*Award Sheet*

**PROCUREMENT MANAGEMENT SERVICES DIVISION**

BID NO.: **6877-0/17**

PREVIOUS BID NO.: **6877-4/12-4**

TITLE: **FLUOROSILICIC ACID**

CURRENT CONTRACT PERIOD: **11/01/2012** through **10/31/2017**

Total # of OTRs: **0**

**MODIFICATION HISTORY**

*Bid No. 6877-0/17*

*Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**Yes** Local Preference

**No** Micro Enterprise

**No** Full Federal Funding

**No** Performance Bond

**Yes** Small Business Enterprise (SBE)

**No** PTP Funds

**No** Partial Federal Funding

**Yes** Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **RAMSEY, HERMAN**

PHONE: 305 375-2851

FAX: 305 375-4407

EMAIL: [HRAMSEY@MIAMIDADE.GOV](mailto:HRAMSEY@MIAMIDADE.GOV)

DEPARTMENT OF PROCUREMENT MANAGEMENT  
PROCUREMENT MANAGEMENT SERVICES DIVISION

VENDOR NAME: **MOSAIC GLOBAL SALES LLC**  
 DBA:  
 FEIN: **352510179** SUFFIX : **01** 33547  
 STREET: **13830 Circa Crossing Drive** CITY: **Lithia** ST: **FL** ZIP:  
 FOB\_TERMS: **DEST-P** DELIVERY:  
 PAYMENT TERMS: **NET30** TOLL PHONE: **800-5787891**

**VENDOR INFORMATION:**

*CERTIFIED VENDOR*

*ASSIGNED MEASURES*

Local Vendor: **No**

SBE	<b>No</b>	Set Aside	<b>No</b>	Bid Pref.	<b>No</b>
Micro Ent.	<b>No</b>	Selection Factor	<b>No</b>	Goal	<b>No</b>
Other:	Vendor Record Verified? <b>No</b>				

\*\*\*\*\*

**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Betty Kendall-Jones	813-5006749	800-5787891	-	FSA.Group@mosaicco.com

**ITEMS AWARDED Section:**

Details: **6877-0/17**

**See attached roadmap.**

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
---------------	--------------------	------------	-------------------

**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award: **No** DPM Award: **No**  
 BCC Date: **10/02/2012** DPM Date: **08/07/2012**

Contract Amount: \$ **2,018,000.00**

**Additional Items Allowed:**

**Agenda Item No.:**

**Special Conditions:**

**Insurance Type 07**

**BPO INFORMATION Section:**

1	ABCW1300064	
	Commodity ID	Commodity Name
	WS	\$2,018,000.00

**End of BPO Information Section**